



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 4854

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/752,871	01/06/2004	424	1619	17359CON2CIP1CIP1 (BOT)

**APPLICANTS**  
 Stephen Donovan, Capistrano Beach, CA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/445,142 05/23/2003  
 which is a CIP of 10/096,501 03/11/2002 PAT 6,585,993  
 which is a CON of 09/923,631 08/07/2001 PAT 6,383,509  
 which is a CON of 09/587,250 06/02/2000 PAT 6,306,423

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /SHANON A FOLEY/ Examiner's signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY CA	SHEETS DRAWINGS 0	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 4
--	--	---	---------------------------	-------------------------	-----------------------	----------------------------

**ADDRESS**  
 STEPHEN DONOVAN  
 ALLERGAN, INC.  
 2525 Dupont Drive, T2-7H  
 Irvine, CA 92612  
 UNITED STATES

**TITLE**  
 Intravitreal botulinum toxin implant

<b>FILING FEE RECEIVED</b> 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit